



INDEPENDENT LIVING TRANSITION PLANNING TOOLKIT

State Form 52691 (8-06) / CW 2112

DEPARTMENT OF CHILD SERVICES

There are three (3) components to this form: the foreword, the transition plan, and the prompt questions for the transition plan.

FOREWORD

Transition Planning Conference

Transition planning for a youth works best when a team approach is taken with the youth's involvement. The youth's Family Case Manager (FCM) or Probation Officer is responsible for putting together a transition planning case conference, bringing together all those involved in the youth's case, which may include:

- Family Case Manager
- Youth's caregiver
- CASA / GAL
- Mentor
- Employer
- Probation Officer
- Youth's placement caseworker
- Therapist
- Relatives
- Other supportive adults

The transition planning conference is to take place within 30 days of the youth's seventeenth birthday for all youths who are in foster care*. The conference is an opportunity to support the youth in building a plan for the future as well as determining if a transitional living placement is appropriate for the youth. Bringing together all those involved in the youth's case with their knowledge and resources is advantageous in helping the youth develop and carry out a transition plan. The budget worksheet should be used during the conference to determine if the youth has a viable plan based on possible earnings and expenses. Guidance should be provided to assist the youth in carrying out decisions.

Youths who are placed away from their home county may choose to remain in the county where they are placed. When this occurs, the referral for transition services must be made to a Chafee IL service provider in the county where the youth has chosen to reside. Assistance may be provided in locating a service provider in another region by contacting the Child Welfare Regional Coordinator for that region.

Components of the Toolkit

Youth Inventory

The youth inventory provides an "at a glance" look at the youth's assets so that the youth and his/her supportive adults can gain an understanding of the youth's strengths and needs. Youths should be involved in all stages of their own transition planning. The youth inventory is designed to be non-intimidating and simple enough for youths to fill out by themselves with minimal assistance from an adult.

In order to develop a stronger understanding of a youth's readiness for adult living, it is recommended that the most recent Ansell-Casey Life Skills Assessment (ACLSA) be made available at the conference. If a period of months has passed since the last ACLSA was completed, it would be advisable for the youth to complete a new assessment just prior to the transition planning conference. It is important to have the most recent information when planning takes place.

Transition Plan

The initial planning conference is to assist youths in developing a plan to transition into their own housing when their case is dismissed at age 18 or older. This is a time for everyone working with the youth to start serious planning for the youth's future. The youth should complete the youth inventory of strengths to use as a guide in developing the transition plan.

The plan is designed to be a flexible tool that can incorporate other plans prepared for the youth, such as the Individualized Education Plan / Individualized Treatment Plan through special education programs. This will avoid a duplication of services. Referral for transition services to a Chafee IL service provider should be made following the 6-month update planning conference for all youths in out-of-home placement, regardless of the type of placement. The transition plan as well as the youth inventory should be included with the referral form.

* *Foster care is designed as 24-hour substitute care for children placed away from their parents / guardians / custodians and for whom the state agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities, psychiatric hospital acute care, forestry camps, or facilities that are primarily for the detention of children who are adjudicated delinquents.*

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YOUTH INVENTORY

To be completed at the Transition Planning Case Conference.

Date plan completed (<i>month, day, year</i>)	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update
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YOUTH INFORMATION			
First name and initial		Last name	ICWS number
Projected date youth will leave care (<i>month, day, year</i>)	Date of birth (<i>month, day, year</i>)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
INDEPENDENT LIVING PREPARATION			
Participating in independent living program <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of involvement	
Ansell-Casey Lifeskills Assessment completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed (<i>month, day, year</i>)	Transition plan completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed (<i>month, day, year</i>)
Placed in transitional living placement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date placed (<i>month, day, year</i>)	Youth approved of plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials of youth
SOCIAL DEVELOPMENT & SUPPORTIVE RELATIONSHIPS			
PERMANENCY			
Permanency obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanency obtained with	Legal relationship to youth (<i>guardianship, adoptive home, etc.</i>)	Telephone number ()
Address (<i>number and street, apartment or unit number, city, state, and ZIP code</i>)			
Supports offered (<i>advice, emergency housing, career guidance, place to go for holidays, help with finances</i>)			
SUPPORTIVE ADULTS			
Name			Telephone number ()
Address (<i>number and street, apartment or unit number, city, state, and ZIP code</i>)			
Supports offered (<i>advice, emergency housing, career guidance, place to go for holidays, help with finances</i>)			
Name			Telephone number ()
Address (<i>number and street, apartment or unit number, city, state, and ZIP code</i>)			
Supports offered (<i>advice, emergency housing, career guidance, place to go for holidays, help with finances</i>)			
Name			Telephone number ()
Address (<i>number and street, apartment or unit number, city, state, and ZIP code</i>)			
Supports offered (<i>advice, emergency housing, career guidance, place to go for holidays, help with finances</i>)			
HOUSING, TRANSPORTATION, & COMMUNITY RESOURCES			
HOUSING & TRANSPORTATION			
Address after leaving foster care (<i>number and street, apartment or unit number, city, state, and ZIP code</i>) Only complete within three months of exit date.			
Emergency shelter, if needed (please identify)	Participated in visits to housing options	Has mode of transportation (<i>owns vehicle, bicycle, uses public transportation</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERSONAL DOCUMENTS			
<input type="checkbox"/> Sample rental application completed & attached	<input type="checkbox"/> Registered to vote if 18	<input type="checkbox"/> Selective Service registration if 18 (males)	
<input type="checkbox"/> Photo identification in youth's possession	<input type="checkbox"/> State identification	<input type="checkbox"/> Birth certificate in youth's possession	
<input type="checkbox"/> Social Security card in youth's possession	<input type="checkbox"/> Driver's license	County and state of birth: _____	
Personal filing system (<i>i.e., 3-ring binder, file cabinet, full-size expandable envelope, etc.</i>)		Location of filing system	
COMMUNITY RESOURCES			
Spiritual support [<i>list organization(s)</i>]	Name of contact person	Telephone number ()	
Other community connection (<i>Boys/Girls Club, etc.</i>)	Name of contact person	Telephone number ()	

MONEY MANAGEMENT				
Bank account open <input type="checkbox"/> Yes <input type="checkbox"/> No		Savings account open <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of bank or other financial institution
Savings for leaving foster care Goal: \$ _____ Current balance: \$ _____			Other sources of income (<i>list on separate sheet</i>)	Monthly amount
WORK & STUDY SKILLS				
EDUCATION				
High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school		Date obtained (<i>month, day, year</i>)
GED <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school		Date obtained (<i>month, day, year</i>)
Enrolled in college or vocational program <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school		High school credits / transcripts attached <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT				
Currently employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Current employer		Sample employment application completed & attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Previously employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Previous employer		Employment ended in firing <input type="checkbox"/> Yes <input type="checkbox"/> No
SELF CARE				
Medical coverage after foster care <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied for Medicaid one (1) month prior to 18th birthday <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicaid number
Name of doctor		Address (<i>number and street, city, state, and ZIP code</i>)		Telephone number ()
Name of dentist		Address (<i>number and street, city, state, and ZIP code</i>)		Telephone number ()
Emergency provider identified		Name of provider		Telephone number ()
Mental health coverage		Name of provider		Telephone number ()
Age <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19+		Drug & alcohol free <input type="checkbox"/> Yes <input type="checkbox"/> No		In treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently on probation or parole <input type="checkbox"/> Yes <input type="checkbox"/> No		Felony <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
		Parent <input type="checkbox"/> Yes <input type="checkbox"/> No		Reporting method
		Number of children		Age & gender of children
DAILY LIVING SKILLS				
List demonstrated daily living skills				

SIGNATURES OF TRANSITION TEAM MEMBERS		
Signature of youth		
Signature	Role	Telephone number ()
Signature	Role	Telephone number ()
Signature	Role	Telephone number ()
Signature	Role	Telephone number ()
Signature	Role	Telephone number ()

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TRANSITION PLAN

To be completed at the Transition Planning Case Conference.

Date plan completed (month, day, year)

- ☐ Initial
☐ 6-month update

YOUTH INFORMATION

First name and initial		Last name		ICWS number	
Family case manager / probation officer		Date of birth (month, day, year)		Age	
				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Referred for transition services <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of referral (month, day, year)		Teen parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant / father-to-be <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of children

YOUTH'S STRENGTHS (including hobbies & interests)

IDENTIFIED NEEDS

ADDITIONAL NEEDS

ADDITIONAL NOTES

PLAN DEVELOPMENT

(Indicate how the youth was involved in the development of the plan.)

YOUTH PLAN

Does the youth have an Individualized Transition Plan (ITP) through the special education program at school?

☐ Yes ☐ No

Please check all that apply and attach a copy to this form.

- | | |
|---|--|
| <input type="checkbox"/> Ansell-Casey Life Skills Assessment | <input type="checkbox"/> Development Disabilities Individual Service Plan (BDDS) |
| <input type="checkbox"/> Individualized Education Plan / Individualized Transition Plan (IEP / ITP) | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Treatment Plan & Discharge Plan (residential, group home, mental health, etc.) | <input type="checkbox"/> Workforce Investment Act (WIA) |
| <input type="checkbox"/> Vocational Rehabilitation Individual Plan for Employment | <input type="checkbox"/> Other (please specify) |

Initials of youth

Name of youth	ICWIS number	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update
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EDUCATION		
CURRENT EDUCATIONAL STATUS		
(In school, in what grade, how are grades, IEP / ITP, graduated, GED, other program, etc.)		
FUTURE GOALS OR PLANS FOR EDUCATION		
(Attend college, type of program - 2 or 4 year, vocational training, Job Corps, military)		
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS

Initials of youth

HOUSING		
CURRENT LIVING SITUATION		
(Estimated date of independence, resources, concerns, risks, obstacles)		
PLAN FOR HOUSING UPON DISCHARGE		
(Where, with whom, live with parents, host home with foster parents or relatives, transition to BDDS group home))		
FUTURE PLANS / GOALS FOR HOUSING		
(Long-range goals after discharge, rent apartment, own a home, live in the dorm, shared housing, live with relatives)		
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS

Initials of youth

Name of youth	ICWIS number	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update
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SUPPORTIVE RELATIONSHIPS & COMMUNITY CONNECTIONS		
CURRENT COMMUNITY SUPPORT, ACTIVITIES & INTERESTS		
(Who is currently your support system? How are they a support? How are you involved in your community?)		
FUTURE GOALS OR PLANS FOR SUPPORTIVE RELATIONSHIPS & COMMUNITY CONNECTIONS		
(What is your plan for community involvement? Do you know where to find resources in your community?)		
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS

EMPLOYMENT		
CURRENT EMPLOYMENT STATUS		
(Skills needed, job search, placement, maintain employment, etc.)		
FUTURE GOALS OR PLANS FOR EMPLOYMENT / CAREER		
(What career field do you wish to pursue? How will you gain the skills necessary for your career goals? Who can help you obtain experience in this career area? Plan for job shadow or internship?)		
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS

Initials of youth

Name of youth	ICWIS number	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update
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HEALTH		
CURRENT HEALTH STATUS		
<i>(Physical, mental, emotional strengths and needs)</i>		
FUTURE GOALS FOR MAINTAINING GOOD HEALTH		
<i>(Is next dental and physical exam scheduled? What is your plan to meet ongoing physical or mental health needs? What is your plan for obtaining medical insurance or Medicaid? Do you have an understanding of nutrition and fitness?)</i>		
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS

MISCELLANEOUS SKILLS			
INDEPENDENT LIVING SKILL AREA			
<input type="checkbox"/> Daily living skills	<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation	<input type="checkbox"/> Recreation / leisure
<input type="checkbox"/> Nutrition / safety	<input type="checkbox"/> Money management	<input type="checkbox"/> Interpersonal / social	<input type="checkbox"/> Other
CURRENT STATUS			
FUTURE GOALS OR PLANS			
SHORT-TERM GOALS <i>To help achieve long-term goals / plans</i>	STEPS & SERVICES <i>Steps to achieve the short-term goals & services to be offered</i>	PROGRESS	

Initials of youth

Name of youth	ICWIS number	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update
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SIGNATURES OF PARTICIPANTS AT TRANSITION PLANNING CASE CONFERENCE			
Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()
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Signature	Name	Role	Telephone number ()
Signature	Name	Role	Telephone number ()

Initials of youth

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PROMPT QUESTIONS FOR TRANSITION PLAN

Education

- Emphasize and assist with school continuity.
- Evaluate credits (if behind, create a plan to make up missed credits).
- Identify education options and goals such as job training, Job Corps, vocational / technical training, community college / university.
- Identify career direction.
- Identify and start preparing for requisite tests (PSAT, SAT, ACT).
- Assist with practice SAT tests at www.collegeboard.com.
- Take relevant tests (assist with determining which tests are necessary based on career and educational goals and assist with scheduling them).
- Complete GED, high school or training program.
- Submit applications to school or work (assist with resume, completing applications, FAFSA, personal statement, interview questions).
- Complete the FAFSA before March 10th in order to be eligible for state grants.
- Assist with participation in College Goal Sunday for help with FAFSA completion.
- Identify scholarships and support (ETV, Orphan Foundation scholarship, etc.).

Housing

- Start saving money.
- Identify housing goals.
- Identify expected housing needs.
- Identify preferred transition housing placement (scattered site apartments, group home, etc.).
- Identify viable post-emancipation housing options such as college, host home, relative, parents, own apartment.
- Identify costs and financial resources (rent, Chafee eligibility, financial aid, employment, subsidized (Section 8) housing, relative and/or foster parent support, opening a bank account).
- Identify social and supportive needs (proximity to family, friends, support groups, therapy, ideal roommate situation).
- Decide where to live.
- Learn skills and legal rights around housing (discuss landlord / tenant law and housing rights, review a lease form, list reference, discuss dealing effectively with landlords).
- Facilitate moving process (obtain furniture, truck, moving help, etc.).
- List fallback resources (family, friends, shelters).

Supportive Relationships and Community Connections

- Provide opportunities for youth to create, maintain, or strengthen supportive and sustaining relations with birth families, relatives, foster and adoptive families and significant others (identify relationships youth would like to explore, nurture, repair and/or restore; and what supports are needed from family and adults to accomplish the youth's goals. Encourage youth to select people involved in his/her life.).
- Connect youth with peer and adult mentors to develop long-term relationships to serve as role models in areas like employment, transitional life skills, social support and friendship (identify through organizations in the community).
- Create opportunities for youth to play an active role in community life through volunteerism, leadership and community service.
- Facilitate knowledge of and access to community resources.
- Connect youth with culturally specific events and services in the community.
- Facilitate youth becoming a mentor. If prepared, the transition from the mentored to the mentor fosters confidence, creates a bond among foster youths and provides them with the opportunity to teach what they have learned.
- Encourage youth to become a resource within community organizations.

Employment

- Identify natural skills and abilities. Discuss with youths what they enjoy doing, where they excel and how their talents, skills, and abilities can translate into employment opportunities.
- Identify long-term employment goals (youth's interests, desired occupations, plans three years from now, plans at age 30, etc.).
- Identify short-term employment needs and strategies.
- Identify long-term and short-term employment options.
- Identify educational and training needs to attain goals.
- Develop job search skills (WorkOne, newspaper, Internet, signs in business window, word-of-mouth).
- Develop job-landing skills (work with youth's resume, application completion skills; practice interviewing, how to approach an employer).
- Develop education and training skills necessary to achieve employment goals (HS / GED, Job Corps, college, apprenticeship, job shadows, internships, etc.).

Health

- Identify ongoing need for physical health, mental health, and substance abuse services.
- Provide access to health education (healthy sexual decision-making, awareness of birth family's physical and mental health history, prevention and transmission of sexually transmitted diseases, effects of trauma, substance abuse issues, constructive methods for coping with stress, addressing social and relationship problems, anxiety, depression, and other mental health issues).
- Provide access to safety education (maintaining personal safety in social and in-home relationships, preventing and avoiding accidents and violence, reporting unsafe events and developing safety response plans).
- Learn how to manage own health care needs (applying for insurance, Medicaid, accessing services, articulating health care needs and keeping appointments).
- Provide youth with information to access available health care resources of his/her choice.
- Assist with consolidating and updating health records (past and present diagnostic and treatment information, obtaining and maintaining medical and mental health records).
- Anticipate further health needs and plan for provision of services (arrange continuation of treatment of ongoing physical and mental health needs; prepare youth for potential needs; i.e., birth control).